

# HEALTH CARE FOR HEALTH CARE WORKERS

## Senior Long Term Care Division Medicaid Community Services Bureau APPLICATION 2

### EXPLANATION AND INSTRUCTIONS

**Intent:** The 2007 Montana Legislature approved funding of approximately \$2.5 million through House Bill 2 to implement provider rate increases for agencies that deliver Medicaid personal assistance and private duty nursing services when those agencies provide their direct care employees with health insurance coverage that meets defined criteria. Funding is available beginning January 1, 2009 for this insurance program. Funds must be used to cover health insurance premiums for eligible workers receiving health insurance coverage that meets the Department of Public Health and Human Services' benchmark standards.

**Health Insurance Plan Benchmarks:** The Department is not offering a health insurance plan. Rather, the state is establishing benchmarks that an insurance plan must meet in order to receive the health care for health care worker funds. An agency must sign an agreement that the insurance plan they offer meets the benchmark standards set forth in the Department's application.

**Worker Eligibility:** Eligibility is set by the Department and the agency. Each agency will define the eligibility criteria for the number of hours a worker must work to receive insurance coverage. The Department will define eligibility as it pertains to the type of worker who is eligible to receive the health care for health care worker funding. The Department will only provide the funds for workers who work a majority of their time in Medicaid personal assistance and/or Medicaid private duty nursing services. The Department will provide a 90-day grace period for eligibility. If a worker is not able to meet the eligibility criteria after 90 days the worker will no longer be eligible to receive health care for health care worker funds. Agencies will be required to report on worker eligibility to remain eligible for the funding.

**Distribution Methodology:** The Department will provide a monthly gross adjustment to be used only for health insurance coverage to Medicaid enrolled personal assistance and private duty nursing providers who submit an approved application. The department will determine the monthly adjustment, commencing January 1, 2009, as a share of appropriated funds allocated for health care worker health insurance coverage. The gross adjustment will be in addition to the negotiated Medicaid rate that is established for each provider.

**Monthly Gross Adjustment:** The amount of the monthly gross adjustment an agency is eligible to receive is related to the portion of Medicaid personal assistance and private duty nursing units an agency provides and the number of eligible workers the agency covers with health insurance, with a maximum adjustment of up to \$450/month per worker. An agency that already provides health insurance coverage to eligible workers may receive health care for health care worker funds. The amount of funding per eligible worker will be adjusted to account for the increased cost associated with meeting the Department's benchmark standards. Information on an agency's current insurance plan must be reported in the initial application, Application 1: Agency's Current Insurance Plan. The final negotiated maximum monthly gross adjustment amount will be determined once an agency submits their final application, Application 2.

The amount that the department determines payable to each agency as specified in this paragraph will be final. No adjustments will be made in the payment amount to account for subsequent changes or adjustments in utilization data or for any other purpose, except that amounts paid are subject to recovery if the agency fails to maintain the required records or to spend the funds in the manner specified in the request.

**Request for Funding:** To receive Health Care for Health Care Worker funds, a Medicaid personal assistance or private duty nursing agency must submit two applications for Department approval. The initial application, Application 1, indicates the agency's intent to participate and receive health care for health care worker funds. Application 1 includes the following: a signed copy of the Health Care for Health Care Worker Agency Intent to Participate; the Agency's Current Insurance Plan; and the Agency Utilization Report for FY08 by Service Type (see attached). Each agency must complete and submit Application 1 to the Department on or before July 25, 2008 to be eligible to receive funds for health care for health care workers beginning January 1, 2009.

Once the Department receives the initial application an approval letter will be sent to the agency to notify them of initial approval and provide the agency with the maximum monthly allocation they may receive to insure eligible workers.

The second application, Application 2, must be completed before the agency is eligible to receive monthly gross adjustments. Application 2 should be submitted once an agency selects an insurance plan and defines the pool of eligible workers. The second application includes the Certification Agreement, the Insurance Plan Agreement Form, and the Insurance Plan Eligibility and Cost Form. Application 2 must be submitted to the Department by December 1, 2008.

If the Department does not approve a request, it will return the request to the agency with a statement of the reason for disapproval. The agency will then have a limited time within which to provide justification for its proposed use of the funds. Regardless of whether the cost of a proposal approved by the Department exceeds the amount of funds payable to that agency, the Department will not be obligated to and will not reimburse the agency any more than specified.

An electronic copy of the application material can be found on the web at:  
<http://www.dphhs.mt.gov/sltc/services/communityservices/HCWorkers/Index.shtml>

**Agency Participation:** An agency that does not submit a qualifying application for use of the funds distributed under this program as requested by the Department within the time established by the Department, or an agency that does not wish to participate in this additional funding amount, shall not be entitled to their share of the funds.

**Records and Documentation:** An agency that receives funds under this program must maintain appropriate records documenting the expenditure of the funds. This documentation must be maintained and made available to authorized governmental entities and their agents to the same extent as other required records and documentation under applicable Medicaid record requirements, including but not limited to ARM 37.40.345, 37.40.346, and 37.85.414. Reports will be requested on a semi-annual basis and as necessary. These reports will include the insurance premium monthly payment and a list of eligible covered workers.

**Fund Recovery** Recovery will occur if an agency is unable to meet the standards outlined in the application, which includes providing health insurance coverage to eligible workers that meets the Department's benchmark standards.

**Effective Date:** The Department will consider health insurance coverage beginning January 1, 2009 as meeting the legislative intent for the health care for health care worker funds. The Department will not consider insurance coverage that began prior to January 1, 2009.

**Reporting Requirements:** To the extent of available appropriations, the Department shall provide documentation that these funds are used solely to provide eligible workers with a health insurance plan that meets the Department's benchmark standards. The documentation must include Application 1, which includes a signed copy of the Health Care for Health Care Worker Agency Intent to Participate, the Agency's Current Insurance Plan, and the Agency Utilization Report for FY08 by Service Type and Application 2, which includes the Certification Agreement, the Insurance Plan Agreement Form, and the Insurance Plan Eligibility and Cost Form. Agencies must submit both applications and comply with quarterly reporting requirements to meet the documentation requirements for these funds.

DRAFT

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Senior Long Term Care Division  
Medicaid Community Services Bureau  
APPLICATION 2

PROVIDER CERTIFICATION AND AGREEMENT

By signing this request and in consideration for the payment of funds based upon this application, the community services provider named below ("Provider") represents and agrees as follows:

- 1. Provider certifies that statements and information included in this agreement are complete, accurate and true to the best of the undersigned agency administrator's knowledge. The Provider certifies that any funds received on the basis of this request will be used in the manner represented in this application packet to provide health insurance coverage that meets the Department’s benchmark standards for eligible personal assistance and private duty nurse workers.
- 2. Provider agrees to the terms and conditions under which this funding is made available, as stated in this form. Provider agrees that it will make, maintain and provide to authorize governmental entities and their agents, records and documentation in accordance with the requirements specified in this agreement.
- 3. Provider understands that payment of funds based upon this request will be from federal and state funds, and that any false claims, statement, or documents, or concealment of material fact, may be prosecuted under applicable federal or state laws. Provider understands that the payment made based upon this application is final, that no adjustments will be made in the payment amount to account for subsequent changes in utilization, appropriation amounts, or for any other purpose, except that amounts paid are subject to recovery in the same manner as other overpayments if the agency fails to maintain the required records or to use the funds as represented in this request.
- 4. Provider understands that the health insurance gross adjustment may not be used to offset health insurance coverage for workers who do not meet the Department’s eligibility criteria.

Requesting Agency Identifying Information

Provider Name: \_\_\_\_\_  
Medicaid Provider #: \_\_\_\_\_  
Signature of Administrator: \_\_\_\_\_ Date: \_\_\_\_\_, 2008

INSURANCE PLAN AGREEMENT FORM

*As a condition of receiving health care for health care worker funds an agency must sign an agreement that the insurance plan they have selected meets the Department’s benchmark standards. If an agency is unable to offer a plan that meets the Department’s benchmark standard, they must request written approval from the Department prior to submitting Application 2 and include the Department’s approval of the plan with Application 2.*

I, \_\_\_\_\_, representing \_\_\_\_\_  

Administrator nameAgency name

  
have read and understand the Department’s Insurance Plan Benchmark standards and I have reviewed these benchmarks with our insurance representative. To the best of my knowledge the insurance plan included with this application meets or exceeds the Department’s benchmark standards.

Signature of Administrator: \_\_\_\_\_ Date: \_\_\_\_\_, 2008  
Name of Administrator (please print): \_\_\_\_\_

Be sure to submit the insurance plan summary form with this application (see attached)

INSURANCE PLAN ELIGIBILITY AND COST INFORMATION

- 1. Insurance Plan: \_\_\_\_\_
- 2. Monthly Premium: \_\_\_\_\_
- 3. Worker Monthly Premium: \_\_\_\_\_
- 4. Agency Monthly Premium: \_\_\_\_\_
- 5. Agency Worker Eligibility Criteria (minimum hours a worker must work to be eligible for insurance): \_\_\_\_\_
- 6. Estimated number of eligible PAS/PDN workers who meet agency eligibility criteria: \_\_\_\_\_
- 7. Anticipated number of eligible workers to enroll in Plan: \_\_\_\_\_
- 8. Monthly gross adjustment amount requested to cover health insurance premiums (line 3 x line 7) : \_\_\_\_\_  
*Note: this amount may not exceed the approved specified in the Application 1 acceptance letter*

PLEASE RETURN THE SIGNED AND DATED  
APPLICATION 2 BY  
December 1, 2008  
DPHHS -SLTC – Health Insurance Initiative  
PO Box 4210  
Helena MT 59604 - 4210